

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1  
6344

The JC/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission file #)

2 Total pages filed

18

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR / M<sup>W</sup> FIRST LAST NICKNAME SUFFIX  
Nancy W.  
Hohengarten

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS - PO BOX APT. SUITE # CITY STATE ZIP CODE  
PO Box 129 Austin TX 78767

Date Hand-delivered or Date Postmarked

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 554-6428

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR / M<sup>W</sup> FIRST LAST NICKNAME SUFFIX  
Lawrence  
Larry Sailer Jr

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE  
1064 West Avenue Austin, TX 78701

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 474-5017

9 REPORT TYPE

- January 15
- 30th day before election
- Runoff
- 15th day after campaign treasurer appointment (officeholder only)
- July 15
- 8th day before election
- Exceeded \$500 limit
- Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year MONTH DAY YEAR  
01 / 01 / 06 THROUGH 06 / 30 / 06

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year Primary Runoff General Special  
11 / 7 / 06  General

12 OFFICE

OFFICE HELD (if any)  
Travis County clerk

13 OFFICE SOUGHT (if known)

Same

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

Address PO Box Apt Suite # City State Zip Code

additional pages

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME Nancy Hehengarten

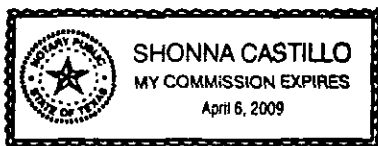
16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S) **\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\***

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 25.00	
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9287.23	
	EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ —
		4.	TOTAL POLITICAL EXPENDITURES	\$ 42,740.02
	CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,229.36
	OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ —

### 19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code

Nancy Hehengarten  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Nancy Hehengarten, this the 17 day of July, 2006, to certify which, witness my hand and seal of office.

Shonna Castillo  
Signature of officer administering oath

Shonna Castillo  
Print name of officer administering oath

Notary Public  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): ~~8~~ 10

2 FILER NAME Nancy Hebergarten

3 ACCOUNT # (Ethics Commission files)

4 Date 2-2-06  
5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Kuhn, Doyle & Kuhn  
6 Contributor address: City, State, Zip Code  
603 W 8th St  
Austin, TX 78701

7 Amount of contribution (\$) 500.00  
8 In-kind contribution description (if applicable)

9 Contributor's principal occupation law firm

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date 1-17-06  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
E G Morris  
Contributor address: City, State, Zip Code  
608 W. 12th  
Austin, TX 78701

Amount of contribution (\$) 500.00  
In-kind contribution description (if applicable)

Contributor's principal occupation Attorney

Contributor's job title

Contributor's employer/law firm self

Law firm of contributor's spouse (if any) same

If contributor is a child, law firm of parent(s) (if any)

Date 1-16-06  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Herman Henry J Breen  
Contributor address: City, State, Zip Code  
1900 Pearl St  
Austin, TX 78705

Amount of contribution (\$) 500.00  
In-kind contribution description (if applicable)

Contributor's principal occupation law firm

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J): <u>9</u> 10	
2 FILER NAME <u>Nancy Hohengarten</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>1-18-06</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Chris Morgan</u>	7 Amount of contribution (\$) <u>25.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <u>8812 Tallwood Dr # 89 Austin, TX 78759</u>			
9 Contributor's principal occupation <u>Attorney</u>		10 Contributor's job title <u>same</u>	
11 Contributor's employer/law firm <u>self</u>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <u>1-14-06</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Ben Florey</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>1800 Guadalupe Austin, TX 78701</u>			
Contributor's principal occupation <u>Attorney</u>		Contributor's job title <u>same</u>	
Contributor's employer/law firm <u>self</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <u>1-16-06</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Travis Williamson</u>	Amount of contribution (\$) <u>750.00</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>3808 So 1st Austin, TX 78704</u>			
Contributor's principal occupation <u>Attorney</u>		Contributor's job title <u>same</u>	
Contributor's employer/law firm <u>self</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(-) <b>9 10</b>	
2 FILER NAME <b>Nancy Hengarten</b>		3 ACCOUNT # (Ethics Commission files)	
4 Date <b>1-6-06</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Pamela Lancaster</b>	7 Amount of contribution (\$) <b>150.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code <b>1103 Nueces Austin, TX 78701</b>			
9 Contributor's principal occupation <b>Attorney</b>		10 Contributor's job title <b>Same</b>	
11 Contributor's employer/law firm <b>Self</b>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <b>1-3-06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Richard Hoffman</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <b>500 W. 16th Suite 103 Austin, TX 78701</b>			
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Same</b>	
Contributor's employer/law firm <b>Self</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <b>1-4-06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Chris Dorbandt</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <b>505 E. Huntland # 270 Austin TX 78752</b>			
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Same</b>	
Contributor's employer/law firm <b>Self</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J). <b>3 10</b>	
2 FILER NAME <b>Nancy Hohengarten</b>		3 ACCOUNT # (Ethics Commission files)	
4 Date <b>1-6-06</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Dal Ruggles</b>	7 Amount of contribution (\$) <b>50.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code <b>4424 Gaines Ranch Loop Apt. 1130, Austin, TX 78735</b>			
9 Contributor's principal occupation <b>Attorney</b>		10 Contributor's job title <b>same</b>	
11 Contributor's employer/law firm <b>Self</b>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <b>1-6-06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Hines, Ranc &amp; Holob</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>1307 Nueces Austin, TX 78701</b>			
Contributor's principal occupation <b>law firm</b>		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <b>1-4-06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Michael Maguire</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>502 W. 14th St. Austin TX 78701</b>			
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Same</b>	
Contributor's employer/law firm <b>Self</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J) <b>9 10</b>	
2 FILER NAME <b>Nancy Honengarten</b>		3 ACCOUNT # (Ethics Commission files)	
4 Date <b>6-29-06</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>David Sheppard</b>	7 Amount of contribution (\$) <b>250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>700 Lavaca, Suite 1550 Austin, TX 78701</b>			
9 Contributor's principal occupation <b>Attorney</b>		10 Contributor's job title <b>same</b>	
11 Contributor's employer/law firm <b>Self</b>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <b>6-29-06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mark Sampson</b>	Amount of contribution (\$) <b>150.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>605 W. Clifton Austin TX 78704</b>			
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>same</b>	
Contributor's employer/law firm <b>Self</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <b>6-29-06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Raymond Espersen</b>	Amount of contribution (\$) <b>300.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>404 W. 13th Austin TX 78701</b>			
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>same</b>	
Contributor's employer/law firm <b>Self</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>			

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J) <b>16</b>	
2 FILER NAME <b>Nancy Hohengarten</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6.29.04</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>John Mark Westenhoven</b>	7 Amount of contribution (\$) <b>500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>404 W. 13th Austin, TX 78701</b>			
9 Contributor's principal occupation <b>Attorney</b>		10 Contributor's job title <b>same</b>	
11 Contributor's employer/law firm <b>Self</b>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <b>6.30.04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ann Hartley</b>	Amount of contribution (\$) <b>25.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2111 Aircole Austin, TX 78704</b>			
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>same</b>	
Contributor's employer/law firm <b>Self</b>		Law firm of contributor's spouse (if any) <b>Hancock &amp; McGill</b>	
If contributor is a child, law firm of parent(s) (if any)			
Date <b>6.29.04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Toya Lutz</b>	Amount of contribution (\$) <b>75.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1302 West Ave Austin, TX 78701</b>			
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>same</b>	
Contributor's employer/law firm <b>Self</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A(J): ~~9~~ 10

2 FILER NAME *Nancy Huhengarten*

3 ACCOUNT # (Ethics Commission file #)

4 Date *5-15-06* 5 Full name of contributor  out-of-state PAC ID# *Kristina Davis-Jones*

7 Amount of contribution (\$) *250.00*

8 In-kind contribution description (if applicable)

6 Contributor address, City, State, Zip Code  
*4424 Gaines Ranch Loop Apt. 1035  
Austin, TX 78735*

9 Contributor's principal occupation *attorney*

10 Contributor's job title *same*

11 Contributor's employer/law firm *self*

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date *5-10-06* Full name of contributor  out-of-state PAC ID# *Thad Son*  
Contributor address, City, State, Zip Code  
*104 Cold Water Lane  
Lakeway, TX 78734*

Amount of contribution (\$) *500.00*

In-kind contribution description (if applicable)

Contributor's principal occupation *Attorney*

Contributor's job title *same*

Contributor's employer/law firm *self*

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date *3-22-06* Full name of contributor  out-of-state PAC ID# *Orr & Clavson*  
Contributor address, City, State, Zip Code  
*804 Riverdale  
Austin, TX 78701*

Amount of contribution (\$) *500.00*

In-kind contribution description (if applicable)

Contributor's principal occupation *law firm*

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J): <b>9 to</b>	
2 FILER NAME <b>Nancy Hengarten</b>		3 ACCOUNT # (Ethics Commission files)	
4 Date <b>4-3-06</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Charles A. Betts</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code <b>1474 Arrowhead Valente, TX 78641</b>			
9 Contributor's principal occupation <b>Exec. Director</b>		10 Contributor's job title <b>same</b>	
11 Contributor's employer/law firm <b>DOWNTOWN AUSTIN Alliance</b>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <b>2-25-06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Jana Ortega</b>	Amount of contribution (\$) <b>25.00</b>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <b>4703 Ganymede Dr. Austin, TX 78727</b>			
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>same</b>	
Contributor's employer/law firm <b>Self</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <b>2-25-06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Carol Wood</b>	Amount of contribution (\$) <b>25.00</b>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <b>5907 Paseo Del Torre Austin, TX 78731</b>			
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Admin. Law Judge</b>	
Contributor's employer/law firm <b>State of Texas</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J): <b>9/10</b>	
2 FILER NAME <b>Nancy Hengarten</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>2-24-06</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Robert Earl Smith</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1105 NUCCES AUSTIN, TX 78701</b>			
9 Contributor's principal occupation <b>Attorney</b>		10 Contributor's job title <b>same</b>	
11 Contributor's employer/law firm <b>Self</b>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <b>2-25-06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Mack Martinez III</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4014 35 North #402 AUSTIN, TX 78701</b>			
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Asst. Co. Atty.</b>	
Contributor's employer/law firm <b>Travis Co.</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <b>2-22-06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Williams + Forsythe</b>	Amount of contribution (\$) <b>1500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1100 West Ave AUSTIN, TX 78701</b>			
Contributor's principal occupation <b>law firm</b>		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>			

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J). <span style="float:right; font-size: 1.5em;">10</span>	
2 FILER NAME <span style="font-size: 1.2em;">Nancy Hengarten</span>		3 ACCOUNT # (Ethics Commission files)	
4 Date <span style="font-size: 1.2em;">2/25/06</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Everon Schatelowitz</span>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) <span style="font-size: 1.2em;">362.23</span>
6 Contributor address: City, State, Zip Code <span style="font-size: 1.2em;">821 W. 11<sup>th</sup> Austin, TX 78701</span>			
9 Contributor's principal occupation <span style="font-size: 1.2em;">Attorney</span>		10 Contributor's job title <span style="font-size: 1.2em;">Attorney</span>	
11 Contributor's employer/law firm <span style="font-size: 1.2em;">Self</span>		12 Law firm of contributor's spouse (if any)	

13 If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City, State, Zip Code		
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City, State, Zip Code		
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	

If contributor is a child, law firm of parent(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F **4**

2 FILER NAME **Nancy Hohen Garten**

3 ACCOUNT # (Ethics Commission files)

4 Date  
**1-30-06**

5 Payee name  
**Bank of American**  
6 Payee address: City, State, Zip Code  
**PO Box 25118  
Tampa FL 33622**

7 Amount (\$)  
**40,995.03**

8 Purpose of payment (See instructions regarding type of information required.)  
**Loan Repayment**

9 **-- Complete if direct expenditure to benefit C/OH --**  
Candidate / Officeholder name Office sought Office held

Date  
**1-13-06  
2-2-06  
3-14-06  
4-12-06  
5-9-06**

Payee name  
**Verve Hosting**  
Payee address: City, State, Zip Code  
**PO Box 43143  
Pontiac MI**

Amount (\$)  
**\$5 x 5  
= \$25 Total**

Purpose of payment (See instructions regarding type of information required.)  
**Internet website host**

**-- Complete if direct expenditure to benefit C/OH --**  
Candidate / Officeholder name Office sought Office held

Date  
**2/3/06**

Payee name  
**U.S. Post Office**  
Payee address: City, State, Zip Code  
**Downtown Station  
Austin, TX 78701**

Amount (\$)  
**66.00**

Purpose of payment (See instructions regarding type of information required.)  
**P.O. Box**

**-- Complete if direct expenditure to benefit C/OH --**  
Candidate / Officeholder name Office sought Office held

Date  
**1-4-06**

Payee name  
**Kinkos**  
Payee address: City, State, Zip Code  
**2901 Medical Arts  
Austin TX 78705**

Amount (\$)  
**4.33**

Purpose of payment (See instructions regarding type of information required.)  
**Copies**

**-- Complete if direct expenditure to benefit C/OH --**  
Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4

2 FILER NAME

Nancy Hehenyarten

3 ACCOUNT # (Ethics Commission filers)

4 Date

1-9-06

5 Payee name

Kinkos

7 Amount (\$)

.17

6 Payee address: City, State, Zip Code

2901 Medical Arts  
Austin, TX 78705

8 Purpose of payment (See instructions regarding type of information required.)

COPIES

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

1-13-06

Payee name

Kinkos

Amount (\$)

.09

Payee address: City, State, Zip Code

2901 Medical Arts  
Austin, TX 78705

Purpose of payment (See instructions regarding type of information required.)

COPIES

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

4-21-06

Payee name

Metropolitan AME Church

Amount (\$)

75.00

Payee address: City, State, Zip Code

1101 E. 10th  
Austin TX 78702

Purpose of payment (See instructions regarding type of information required.)

Brochure Ad

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

7-12-06

Payee name

Margaret Gomez

Amount (\$)

25.00

Payee address: City, State, Zip Code

P.O. Box 1748  
Austin TX 78767

Purpose of payment (See instructions regarding type of information required.)

cinco de Mayo

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F. <b>4</b>
2 FILER NAME <b>Nancy Hengarten</b>		3 ACCOUNT # (Ethics Commission files)
4 Date <b>2-2-06</b>	5 Payee name <b>US Post office</b>	7 Amount (\$) <b>66.00</b>
6 Payee address: City, State, Zip Code <b>Downtown Station Austin, TX 78701</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>P.O. Box Rent</b>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>2/28/06 3/31/06 4/28/06 5/31/06 6/30/06</b>	Payee name <b>Bank of America</b>	Amount (\$) <b>\$15 x 5 = \$75 total</b>
Payee address: City, State, Zip Code <b>PO Box 25118 Tampa FL 33623</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Checking Account fees</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>1/16/06</b>	Payee name <b>Bank of America</b>	Amount (\$) <b>594.20</b>
Payee address: City, State, Zip Code <b>PO Box 25118 Tampa FL 33622</b>		
Purpose of payment (See instructions regarding type of information required.) <b>loan payment</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>2/10/06</b>	Payee name <b>Bank of America</b>	Amount (\$) <b>594.20</b>
Payee address: City, State, Zip Code <b>PO Box 25118 Tampa FL 33622</b>		
Purpose of payment (See instructions regarding type of information required.) <b>loan payment</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F. **4**

2 FILER NAME **Nancy Hhengarten**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**5-11-06**

5 Payee name  
**Sam Bisbee**

7 Amount (\$)  
**25.00**

6 Payee address: City, State, Zip Code  
**PO Box 1748  
Austin, TX 78767**

8 Purpose of payment (See instructions regarding type of information required.)  
**Juneteenth**

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule G **1**

2 FILER NAME **Nancy Hengarten**

3 ACCOUNT # (Texas Commission file #)

4 Date <b>6-27-06</b>	5 Payee name <b>US Post Office</b>	8 Amount (\$) <b>195.00</b>
	6 Payee address City State Zip Code <b>Downtown Station Austin, TX 78701</b>	
7 Purpose of expenditure <b>Stamps</b>		<input checked="" type="checkbox"/> Reimbursement from political contributors intended

Date	Payee name	Amount (\$)
	Payee address City State Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributors intended

Date	Payee name	Amount (\$)
	Payee address City State Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributors intended

Date	Payee name	Amount (\$)
	Payee address City State Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributors intended

Date	Payee name	Amount (\$)
	Payee address City State Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributors intended

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# CREDITS (optional)

# SCHEDULE K

The instruction booklet explains how to complete this form.

1 Total pages (this Schedule K)

2 FILER NAME

*Nancy Horenzgarten*

3 ACCOUNT # (Ethics Commission files)

4 Date <i>2-27-06</i>	5 Payor name <i>Bank of America</i>	8 Amount (\$) <i>594.20</i>
6 Payor address City State Zip Code		
7 Reason for credit <i>Overpayment of Loan</i>		

Date	Payor name	Amount (\$)
	Payor address City State Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address City State Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address City State Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address City State Zip Code	
	Reason for credit	

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